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	QUESTIONS	ANSWERS
	HRIF Program Questions - Not directly related to the RFA	
1	**Tracking/HMO Question:** SOW: What responsibility will we have for the CCS eligible (based on the specific CCS criteria) high risk infants discharged from our NICU who are not authorized to HRIF by CCS because they have an HMO? They will all be placed in our tracking data base at discharge. Subsequently the HMO may refer to our HRIF to another HRIF or may chose to do the follow up internally. Will we be responsible for tracking, data collection, and reporting for all these medically eligible infants discharged from our NICU, or only for those enrolled in our CCS HRIF?	• Your HRIF program will be responsible for data collection and reporting on those children provided HRIF services. (Background: There is no change in the way that children enrolled in HMOs will be authorized for HRIF by the CCS Program.) • Currently, HRIF programs do not need a denial from the child's HMO to authorize services. The HRIF program will bill the HMO first and then, bill CCS for HRIF services if the HMO denies HRIF services. You will be responsible for reporting data to CMS Branch on those children that you provide HRIF services. Coordination services provided by the HRIF Coordinator position funded by this contract may not be billed fee-for-service (FFS).
2	**HMO -- Billing FFS:** SOW Objective 1, Function 4: If the coordinator sees infants covered by HMOs and not enrolled in CCS, may he/she bill FFS for those HMO clients?	The HRIF Coordinator, participating under this contract, may not bill CCS for HRIF coordinator services even if the infant/child is covered by an HMO.
3	**Role of SCC vs HRIF:** Will patients with HRIF and CCS medically eligible conditions also be followed by the designated medical specialty care center, or is the HRIF program expected to provide education, follow-up and data collection on the medical conditions in addition to the HRIF condition?	The infant/child with a CCS eligible condition will also be followed by the appropriate CCS special care center. CMS Branch is developing specific data elements to be collected on children receiving CCS HRIF services. A brief description of that data are attached to this Q&A report.
4	**Written Agreement w/other agency to provide HRIF:** Page 3, Sec I fc. High Risk Follow Up Program. If the NICU does not provide its own HRIF services, can it have a written agreement with an entity other than another CCS approved NICU that employs CCS paneled staff qualified to provide HRIF services? Example: CHCC contracts with Dr. David Snyder and his staff for the provision of HRIF Services.	No, it cannot. This would require entering into a subcontract which is not permitted with these funds.
5	**See Q. 38, cont:** Page 9, Sec VI, B. Services Location. Can Coordinator services be provided at a site different from the HRIF Program? Example: The Coordinator works at the NICU location, but HRIF services are provided through an arrangement with another entity that is located offsite.	No.

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	QUESTIONS	ANSWERS
6	**Catchment Area Issues:** Who should be responsible for providing HRIF care to babies that come to our NICU and are transferred back to their hospital of origin, and then discharged from there? Should these babies all come to our HRIF program and what if the parent cannot bring the baby back due to the distance involved?	The NICU that discharged the infant is responsible for providing HRIF, either directly or through arrangement. This is one of the activities that a coordinator should facilitate. There should be communication among the NICUs and the family. If the hospital of origin has an HRIF program, and it can best serve the infant and there is a likelihood of better compliance because it is closer to the family's home, then that is where the HRIF should occur. The HRIF Coordinator should either arrange to follow the family or arrange for HRIF in an agency nearer to the family's home.
7	**Transportation:** Will there be some provision for transportation expenses for some of the families?	If there is a signed CCS application and there are no other available resources, the local CCS program can reimburse the family for transportation and overnight lodging if needed due to the great distance traveled.
8	**Organizational Structure:** Would it be advisable to combine HRIF program from two hospitals under a common one, e.g. UCLA Hospital (Westwood) and Santa Monica Hospital at UCLA NICUs under this program?	Each NICU is responsible for follow up. The funds in the RFA are to support the Regional NICU's HRIF program. One NICU would need to have the HRIF program and the other NICU would have an arrangement (agreement) to refer infants/children to that program.
9	**County CCS Responsibilities:** Item Scope of Work 2.1.d-ensure copies of authorizations are distributed to HRIF team-What is the responsibility of the County CCS Office to ensure that copies of these authorizations are in fact sent to the HRIF Program Coordinator? If they are not received from the County CCS Office, will the HRIF Coordinator be held to the responsibility of distributing them? (currently we receive hard copies of about 1/3 of the authorizations for our HRIF population, although we do receive authorizations being sent by CCS for children not within our system, i.e. authorizations they are transferring to us from the original discharge hospital).	It is the responsibility of the CCS program to fax authorizations to the designated HRIF staff person. This will be clarified in the policy letter to be sent to our local programs and regional offices.

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	QUESTIONS	ANSWERS
10	**HMO:** Item Scope of Work 2.1.h-For Children with Commercial or Medi-Cal Managed Health Care coverage, what will be the HRIF program's responsibilities, beyond recommendation to a child's Primary Care Physician (PCP), for "making linkages to necessary medical services? If there is an expectation beyond providing recommendations to the PCP, how will these medical services be paid?	There is no responsibility beyond making recommendations in this instance.
11	**Community and Intermediate NICU Role:** Item Scope of Work 2.1.1-What will be the responsibilities of the Regional HRIF Programs to absorb HRIF clients from the local Community & Intermediate NICUs, over and above what is already being done? Is there a plan to "defund" the Community and Intermediate NICUs' HRIF programs and to have all children seen at a Regional HRIF Center? Will it affect our participation if we cannot absorb any more referral assignments?	The Service Code Grouping (SCG) 06 will have additional billing codes included to permit reimbursement for a wider range of diagnostic and follow up services. Currently, there are only contract funds available to support a Coordinator role in the Regional HRIF Programs. As additional funds become available, the Community and Intermediate HRIF programs will be allowed to request funds to support a coordinator position. In the interim, additional SCG 06 billing codes are available for these other HRIF programs to bill for these services. The answer to the last of these questions is No. Funding for a Coordinator position through this RFA is not based on the number of children seen in the HRIF program.
12	**Enrollment Numbers:** Does CMS anticipate that there will be an increase in the number of infants participating in the HRIF?	The long range goals are to provide services to all eligible children and collect and analyze outcome data. The short term goals are to assure uniform, quality HRIF services statewide, maximize available funding resources, and evaluate the effectiveness of HRIF programs through data collection.
13	**Time Commitment:** Are there changes in the current HRIF program that will impact the coordinator in terms of increased time commitment?	The full-time position described in the RFA is the cornerstone to making the planned improvements to the overall HRIF program. Support of a position, as well as improvement in billing for services provided, are intended to be the platform for developing a comprehensive, standardized HRIF program statewide.
14	**HRIF Service Expansion:** Will all levels of CCS approved NICUs have HRIF coordination services? Is it expected that Regional NICU HRIF Coordinators will provide outreach/education to the HRIF program at Community NICUs?	All levels of CCS approved NICUs with HRIF programs will have coordination services, either by contract or fee-for-service. It is expected that Regional NICU HRIF Coordinators will provide outreach/education to the HRIF programs at Community and Intermediate NICU's with which they have Regional Cooperation Agreements.

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	QUESTIONS	ANSWERS
15	**HMO:** Will children who are medically eligible for HRIF and yet had commercial HMO coverage for their NICU stay, or who have transferred to commercial HMO coverage since NICU discharge, be authorized by CMS/CCS for HRIF services?	Yes, if they meet program eligibility, but the HRIF program needs to request payment from the HMO.
16	**Future Funding Uncertainty:** Please share CMS's plan for the HRIF Coordinator position if there is no appropriation of funds in FY 2006-07, 2007-08, 2008-09.	Ongoing funding is anticipated to support these positions. If funding were to be lost, the HRIF programs would return to the fee-for-service billing, but this should not affect Coordinator services.
17	**Service Catchment Area:** If we are a CCS Regional NICU and have the new CCS contract, are we required to care for the CCS HRIF appropriate infants outside of our county if there isn't a CCS Regional NICU for a particular county (e.g. we would serve the Imperial Valley?) Who determines how the county will be divided to ensure that all CCS HRIF infants are seen in a systematic and clearly defined way?	Regional NICUs are required to provide follow up services for the infants for whom they provide care unless they have made arrangements for HRIF services to be provided by another HRIF program. Regional NICUs may also arrange to provide HRIF for Community and Intermediate NICUs. Community and Intermediate NICUs will be able to continue to provide HRIF services using fee-for-service billing. It is expected that the NICU that discharges the infant will provide HRIF services unless an arrangement has been made with another HRIF program.
18	Page 4 of RFA. What is considered by CCS to be an equivalent test to the **Bayley Scales** of Infant Development?	BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAIMS, WPPSI
	RFA Questions	
19	If all Regional NICUs in a county apply and meet all the requirements, can they both be funded for the new program?	Yes, each Regional NICU is responsible for HRIF.
20	**Sacramento Meeting:** SOW Objective 2, function 1 m: Where are the mandatory Statewide HRIF Program meetings held?	There will be one annual meeting of the HRIF Coordinators held in Sacramento, California. A possible second meeting will be added based on program need.
21	**Name of Facility:** Attachment 5: When listing the CCS approved NICUs for which your facility provides HRIF services, do you need just the name of the facility?	Please provide the facility name and address.

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	QUESTIONS	ANSWERS
22	**Mailing RFA:** The RFA advises to make sure we allow "sufficient delivery time for mailing the application". Reference: Section VII(D)(2). How much time do we allow for the application to get from the department's mailroom (receiving location) to the location within your department where applications are being accepted, if the mode of delivery is US mail? Overnight? Courier? In Person?	The address shown in the RFA is the CMS Branch street address. Please use this address and the application will be delivered by U. S. mail directly to the Branch without going through the Department's mail room. Please allow at least 2-3 days for the application to reach us by this method. **To ensure timely delivery, we recommend use of overnight/express mail.**
23	In Exhibit A-SOW-Section2-Coordinator-Number l(m). Participate in **mandatory…meetings**, and as required by the CMS Branch. A) how many meetings are there likely to be annually? B) where would the meetings be located? C) how many days at a time would the meetings be held? d) would any of the meetings be held by teleconference?	A) once a year -- possibly twice, if needed, B) in Sacramento, C) the annual meeting would be a one-day meeting -- augmented with monthly optional teleconference calls with CMS staff and the HRIF Coordinators as a mechanism to promote communication, sharing, and program development/evaluation.
24	**Meetings:** Point of clarification: There will be, at least once per year, required attendance at a state HRIF Program Meeting. Are we interpreting correctly that the expense of these meetings must be part of the Budget for this RFA? If so, will these be limited to 1 time per year? Will they be 1 or 2 days meetings?	Travel expenses for this meeting should be included in the budget. An annual one-day meeting in Sacramento is planned.
25	**Meetings:** How many HRIF Coordinator meetings per year should be anticipated?	An annual meeting is planned (Sacramento, California) with the possibility of a second meeting if necessary.
26	**Medical Director Sign-off:** In the Scope of Work, exhibit A, 2.5. "In collaboration with the NICU Medical Director", will the Medical Director need to sign off on program documentation or will applicable policies and procedures indicating the NICU Medical Director is participating meet the scope of work criteria?	The RFA says, "In collaboration with the NICU Director, ensure that the HRIF program fully participates in the CMS Branch program evaluation process by providing required data and information." The Medical Director is ultimately responsible for the appropriate data reporting whether it is signed by him/her or not.
27	**Contract Issue:** Many of the exhibits appear to be standard DHS/CMS contracts that the hospitals with Regional NICUs would already have in place. Is it expected that each Regional NICU will resubmit all this paperwork?	The CMS Branch does not currently contract with Regional NICUs. The exhibits are specific to the HRIF contract and are required.
28	**Contract Issue:** How will the contract monies be distributed?	Each contract awarded will be for a total of $100,000 and programs can invoice quarterly after the services have been provided.

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	QUESTIONS	ANSWERS
29	LATE: 3/3/06 @ 10:32 **Meetings:** Is there a new statewide meeting for HRIF Coordinators to participate in, or is this an existing meeting? What is the purpose of the meeting?	An annual meeting is planned for HRIF Coordinators as part of developing a comprehensive, standardized statewide program. The meeting will provide an opportunity to review program outcomes, evaluation data, and share efforts in solving common programmatic problems.
	Medical Home Questions	
30	SOW Objective 2, function 1g: By Medical Home, do you mean PCP?	In most instances, this will be the PCP and his/her staff (team). It is anticipated that this PCP and his/her team are coordinating care and services for the infant/child.
31	Item Scope of Work 2.1.g-What is the definition of "a Medical Home for the child"? What exactly is meant by "assist families in establishing a Medical Home for the child"? What are the responsibilities of the HRIF program and are there funding sources for these requirements?	The Medical Home provider is commonly referred to as the Primary Care Physician. HRIF must coordinate efforts for follow-up with the child's PCP. If no PCP exists (e.g., no medical home). The coordinator should assist the family in establishing a medical home. This activity would be funded as part of coordinator services.
	RFA - Home Visit Questions	
32	Page 1 on the RFA states HRIF services include "Home assessment as needed (based on medical necessity)". Are home visits an expectation or can all patients be seen in the clinic environment?	Home visits are a service that are to be provided based on medical necessity. If the HRIF program/Medical Director determines that a home assessment is appropriate, it can be provided within the program -- Authorization for two (2) Home Health Agency (HHA) visits in the first year of enrollment will be separately authorized along with the initial authorization for HRIF services. If more than 2 visits are needed in the first year or a visit(s) is needed in the second and/or third year, justification will need to be provided. The details of this service will be included in the updated HRIF program numbered letter (NL) which is due out in May 2006.
33	Are home visits reimbursable under SCG-06?	No. They need separate authorization.

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	QUESTIONS	ANSWERS
34	On Page 1, 1.A- "Home assessment as needed (based on medical necessity)" is listed as #7 under "HRIF services include, but are not limited to:" A reference to home assessment could not be fund elsewhere. This would be a very new service to the original HRIF programs. How will these visits be paid for? Is there another provision under CCS where the HRIF programs would be able to charge "fee-for-service" as with the other provisions of the program? If not, how is this part of the program to be funded?	In the initial authorization of services, 2 home visit assessments provided through a home health agency will be prior authorized. The HRIF can determine when HHA services are medically necessary. This service is not reimbursable under SCG 06.
35	RFA Section 1, section A.Purpose: Under the services included in HRIF is point 7: "Home assessment as needed (based on medical necessity). Is this covered under Service Code Grouping 06 (Exhibit L) as a fee for service code using Z4301 (nurse assessment)? If so, if these services are provided by a staff member or contract employee how would they be billed?	Not covered under SCG 06. Provided by HHA staff
36	On page 1, #7 of the RFA, "home assessment as needed" is listed as an HRIF service. Do you anticipate that there will be children requiring HRIF coordination that will be seen only in the home? If yes, what volume of new patients should be anticipated when determining the Coordinator position FTE?	No, children requiring HRIF coordination will not be seen only in the home. See comments in #32 above.
	HRIF RFA - Budget Questions	
37	Personnel Expenses (Pg 12 Section 1.a.(1) in RFA "The Personnel expense line item must identify the HRIF Coordinator position to be funded under this RFA": Exhibit A: Objective 2 ("ensure diagnostic follow-up, referral…") and 3 ("be responsible for ensuring that data are collected..."). Question: Will the RFA permit personnel expenses for a part-time HRIF Coordinator position plus a part-time administrative assistant?	The budget for the project is intended to cover a full-time HRIF Coordinator. Although, the total budget may not cover the entire salary/cost of the HRIF Coordinator. The Coordinator position is intended to be a full-time position. The agency may need to provide in-kind compensation to cover the full-time salary of the HRIF Coordinator. The Coordinator may not bill using fee-for-service through the SCG 06 for services provided. Based on this expectation, CMS Branch does not anticipate there will be sufficient funds to hire any other personnel under this RFA.

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	QUESTIONS	ANSWERS
38	The RFA states "There shall be one HRIF Coordinator who will be employed for up to one (1) full time equivalent (FTE) position". Reference: Section VI(F)(2). Is it possible to utilize available grant funds for more than one person as long as the costs do not exceed the allowable funding level, and there is a clear work plan for how the activities, as outlined in the Scope of Work (SOW), will be assigned and completed?	No. If there is a second coordination, that person may bill for services using SCG 06 fee-for-service billing. Only one HRIF Coordinator will be on the contract.
39	If we apply for contract funds for an HRIF Coordinator as a .5 FTE or .75 FTE, may that person have additional duties within the NICU or in the HRIF clinic for the remainder .5 FTE or .25 FTE which are paid from sources other than the contract?	Yes, however, we envision that the HRIF Coordinator will need to work full-time as the Coordinator to accomplish the work outlined in the SOW.
40	Does the State of California, DHS, CMS or CCS set an hourly rate or wage for the HRIF Coordinator position?	No. We realize that $100,000 may not fully cover the salary and benefits of a HRIF Coordinator. We anticipate that the agency may have to provide in-kind compensation for this FTE.
41	Does the State, DHS, CMS mandate a particular salary scale for the HRIF Coordinator position?	No
42	Is the cap of $100,00 the salary cap with other possible funds for budget items requested (i.e. office supplies, equipment, travel), or is it a $100,000 cap per program that must include salary and other budget items?	The salary is not capped at $100,000. The grant is capped at $100,000. The budget includes personnel costs and any remaining funds can be used for limited operating costs for that position.
43	RFA Section II, Section H, Point 4: The RFA notes that "the applicant will assure that the HRIF Coordinator will be paid through the contract and shall not use the HRIF fee-for-service billing codes…". If the HRIF coordinator position is funded for only a part time FTE may the HRIF coordinator bill HRIF fee-for-service for services for diagnostic services provided during the portion of work time not funded by the HRIF RFA? The particular codes to be billed would be the developmental testing codes (96110 and 96111) and Office Visit Codes (range 99201-99215).	The HRIF Coordinator may not bill for coordinator services if their position is funded through this contract.

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	QUESTIONS	ANSWERS
44	The budget detail worksheet allows listing percentages of FTEs. Is it expected that while the Coordinator has oversight, other professional and clerical staff may carry out some functions that are funded within the contract?	Personnel costs are for the HRIF Coordinator position only.
45	RFA Section G. Cost Section/Budget. Can transcription dictation costs be included in the budget? If we can include transcriptions, are we limited to a percent of the budget?	No. Transcription and dictation costs cannot be included in the budget.
46	RFA Exhibit G states that the mileage reimbursement is 0.34/mile. We want to be able to provide services for children in El Centro, Escondido and other community NICUs which are spread around a wide geographic range. Given the long distances, .34/mile seems low given the high gas prices. Is there any way the reimbursement rate can be changed to be in line with the IRS rate of .445/mile.	No, use State mileage rate of $0.34 (cents) per mile.
	HRIF RFA - Billing Questions	
47	Is submission of this application and funding of the HRIF Coordinator position a requirement to continue to function and bill as an existing HRIF Program?	Each NICU is required to have a HRIF (or arrange for it) with a designated Coordinator. There is no mandate that HRIF programs apply for this funding. HRIF services including coordination can continue to be billed using fee-for-service.
48	Should a patient require referral to other sub-specialty clinics, namely Surgery or Cardiology, would this award preclude billing for services rendered in those clinics?	The HRIF program is not a treatment program. It is an assessment and diagnostic evaluation program. If the child needs medical services and is eligible to have those services reimbursed through a CCS approved SCC or a pediatric specialist, then the SCC or specialist will bill for those services.
49	We understand that the Coordinator supported by this award will not bill for services, but does this preclude physician billing, physiotherapy, ophthalmology, audiology, social services, and nutritional services billing for their services in the HRIF? We would also like clarification regarding billing for team conference conducted in the HRIF.	No. The only HRIF staff who cannot bill using SCG 06 is the Coordinator funded through the contract. Other team members can bill for services using the new updated SCG 06 that was attached to the RFA. These billing codes will become operational July 1, 2006. A letter that covers billing for HRIF services is being developed and will be available in May 2006.

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	QUESTIONS	ANSWERS
50	Item Scope of Work 2.2.c - Please clarify "HRIF diagnostic consultations and assessments". Does this refer to HRIF approved components such as Ophthalmology, Hearing, and Psychosocial Assessment, or are these consultations and assessments above the HRIF components? If they are above the current HRIF components, again the question arises related to payment for these services.	SCG 06 allows for claiming for diagnostic services that are provided by ophthalmologists, hearing specialists, and social workers as part of the HRIF program. Authorizations for treatment services need to be requested from the CCS program separately and will be authorized based on program and medical eligibility.
51	RFA Section II, Section H, point 4: May other staff (not the HRIF Coordinator) bill fee for service for the diagnostic and evaluation codes in Service Code Grouping 06? (codes 96110, 96111, office visit codes ranging from 99201-99215)? May other staff (not the HRIF Coordinator) bill fee-for-service for code z4301 "Nurse Assessment"?	Yes, to both questions with the clarification that the second question should state "may other NURSING staff...."
52	Is it possible for a regional NICU to continue to use fee-for-service billing for coordinator services or are all Regional NICUs required to apply for a funded Coordinator position.	Regional NICUs are not required to apply for these funds and may continue to use fee-for-service billing for all HRIF services, including Coordinator services.
53	Exhibit A Scope of Work. Can non-coordinator team members (e.g. developmental psychologist completing the Bayley and/or audiologist completing a hearing evaluation) bill CCS fee for service for HRIF services rendered?	Yes, use SCG 06
	RFA Eligibility Questions	
54	**Eligibility + HMO Question:** Page 4: Regarding the restructured HRIF program: If the infant with the HRIF & CCS medically eligible condition was not a CCS client in the NICU, are they still eligible for the HRIF Program? Must they also meet financial eligibility criteria? Are HMO recipients still excluded from eligibility unless they have a denial from their HMO?	Question 1) YES, if the infant would have been eligible for CCS in the NICU by meeting NICU eligibility or had a CCS eligible condition, and meets HRIF medical eligibility, the infant is eligible for the HRIF program. Question 2) NO, there is no financial eligibility. Question 3) NO, continue current practice of authorizing HRIF Services, billing HMO first. If services are denied by HMO, payment for services will be by CCS.

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	QUESTIONS	ANSWERS
55	Will there be any modifications to the HRIF Eligibility Criteria? Will the HRIF Programs still run under NL 06-0403? A) If changes to criteria are being made, consideration should be given to the change in medical care since this program was conceived. Because of changes in respiratory care, many babies are no longer eligible for follow up (example many 29-31 week gestation infants 1501+ grams who are generally on the ventilator less than 2 days, if at all).	A revised NL is being developed and will be available in May 2006. It will include eligibility criteria.
56	**Eligibility and Billing:** Please clarify the new restructured HRIF Program on page 4 of the RFA "infants who meet CCS HRIF medical eligibility criteria and met CCS medical eligibility for NICU care or had a CCS eligible medical condition during their stay in a CCS approved NICU, even if they were never CCS clients. Also the program will be available to infants who leave the NICU with a CCS eligible medical condition." a) What would be an example of an infant who meets HRIF medical eligibility but doesn't meet medical eligibility for NICU care? b) Is the program available to infants who leave the NICU with a CCS medical condition but did not meet the HRIF medical eligibility criteria (e.g. baby was full-term but has a CCS medical condition)? c) If an infant meets the CCS criteria, but is not a CCS client, do we bill the infant's primary insurance for service and only CCS as the payer of last resort? If yes, then the HRIF coordinator can bill for his/her services under the primary insurance other than CCS?	Question a) An infant who meets HRIF medical eligibility must have been CCS medically eligible for NICU care or had a CCS eligible condition in the NICU (even if not a CCS client); b) NO; c) Yes; the HRIF Coordinator under this program will be paid a salary and will not bill using SCG 06 -- for CCS infants. The HRIF Coordinator should not be double billing for services.
57	**Eligibility and Billing:** If a patient meets the CCS eligibility criteria for HRIF but is not a CCS client, is the HRIF center mandated to see them? Can the organization bill for services on those patients, or are they exempt as well?	We realize that there is limited capacity in some HRIF Programs. Our goal is to have every eligible child provided HRIF services. To help accomplish that goal, we are establishing a paid Coordinator position. The HRIF Program should bill other health coverage first for infants/children with other health conditions when CCS authorizes HRIF services.
	HRIF Coordinator Experience	

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	QUESTIONS	ANSWERS
58	SOW, Objective 1, point 2 notes that the "HRIF Coordinator should have at least two (2) years of experience in a Regional or Community NICU; one (1) year of which should be in an HRIF Program…" Is it acceptable for the HRIF Coordinator for an institution to have all of his/her NICU experience in an HRIF Program?	Yes
59	LATE: 3/3/06 @ 10:32 Existing Nurse Coordinators (ours is a PNP) but she did not have NICU experience or work in the MVIP program. Will there be a grandfathering, or are we expected to hire someone else?	Yes, there will be grandfathering.
60	LATE: 3/3/06 @ 10:32 Is there a grace period for Pediatric Nurse Practitioners as Medical providers needing to get National Certification. This was no an expectation for PNPs working in HRIF in the past?	Yes, PNP will be allowed. CMS will be willing to negotiate with the program as long as the individual meets the educational requirements and is signed up to take the required certification test.
	RFA HRIF Coordinator Role Questions	
61	SOW Objective 2, Function 1.l. What is meant by coordinating HRIF services among regional, community and intermediate NICUs in the catchment area? Is there an expectation that coordinator services be provided outside of the coordinator's facility health care system?	Yes. The NICUs have Regional Cooperation Agreements to assure collaboration and effective referral of infants to services. The Coordinator may be required to assist an agency/family/child who comes from another area -- for example, if the child's family moves into their catchment area. The Regional Cooperation Agreements should provide for smooth referral within a catchment area. Coordinator services may need to be provided outside the coordinator's health care system.
62	SOW Objective 2, function 3 a: Is the education to be provided only to NICUs within the coordinator's facility health care system?	No

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	QUESTIONS	ANSWERS
63	The SOW includes requirements for documentation, data collection, and reporting. Reference: SOW (objective 2)(1)(i) and (objective 2(1-4) regarding "collecting and reporting data". A) will the state be providing software or a specific database for these purposes? b) Will the electronic data reporting system be compatible with standard Microsoft Office Professional Package software e.g. MS Access? If not, will the NICU need to make provisions to purchase specific software for the HRIF? c) Will the system have case management documentation and tracking capabilities, or will it be focused solely on reporting of data for specific outcome indicators? d) What happens to the data at the end of this 3 year period? Will it be retained at the hospital as well as DHS/CMS?	CMS Branch is working with CPQCC to provide the data reporting component of this program. The focus of the reporting system is program monitoring and evaluation. CPQCC may be able to provide tracking components for the HRIF program. The data will be maintained by CPQCC and CMS Branch and will be available to the programs in a manner similar to the current CPQCC perinatal data system. It is expected that this data will be maintained indefinitely.
64	Must the HRIF Coordinator do that role and no other?	Yes, the HRIF Coordinator must provide all coordinator services with funds from the contract. If the person providing Coordinator services also provides HRIF assessment services beyond coordination, (such as developmental assessments) those services can be billed fee-for-service using SCG 06. It is essential that the HRIF Coordinator services not be reimbursed using fee-for-service billing for agencies participating in this contract.
65	In Exhibit A - SOW - Section 2 - Coordinator - Number 1 (e) Gather medical reports and assessments…and prepare a summary report. What should be included in the summary report? To whom shall the summary report be distributed?	This work activity is not a new requirement for Coordinator services. As part of the team conference, a summary report is to be developed that includes the plan of care, clinical findings, recommendations, and what was discussed. These reports are to be provided to the team members, CCS Case Manager, child's medical home (PCP), among others.
66	In Exhibit A - SOW-Section 2- Coordinator- Number 1(i) Ensure there is a system in place to follow-up…who have missed appointments…plan of action for getting clients into the program. A) Are these missed appointments for the HRIF program only? B) Is the Coordinator to be responsible for other types of missed appointments? c) Is the plan of action to include something other than reminders, telephone calls and letters? d) Does DHS/CMS expect that the HRIF Coordinator will somehow find a way to deliver these parents and children to the HRIF clinic?	a) YES; b) NO; c) YES, education about importance of follow up; d) CMS realizes that helping families get into HRIF services is difficult. However, CMS expects that by supporting a Coordinator position specifically to develop systems and reduce barriers to accessing services will improve this situation. This project is a process and CMS expects that over time, services will be provided to eligible children in a timely and effective manner. In addition, the CCS program may be able to reimburse the family for travel, if needed. It would be helpful if the Coordinator could notify the CCS program if the family has insufficient funds for travel.

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	QUESTIONS	ANSWERS
67	In Exhibit A-SOW-Section 2 Coordinator-Number l(j) provide Coordinator between…and the primary care physician. A) What type of coordination? B) Recommendations for other services? C) Or something else?	Effective communication between the PCP and the HRIF program including coordination of care and follow up for referral are key roles for the Coordinator. The recommendations to the PCP should come from the HRIF team after appropriate diagnostic services have been provided. This is not a new requirement of the HRIF Program.
68	In Exhibit A - Scope of Work - Section 2-Coordination-Number 1(k) Coordinate HRIF Services…and other local programs. A) What other local program? B) Early Start? C) Regional Center? D) Or something else?	This requirement is not new. The RFA provides additional support to assure that this service is accomplished. And, it specifically references Early Start and Regional Centers but may include other referral centers/programs that may help the child.
69	In Exhibit A - SOW-Section 2-Coordination - Number l(I) Coordinate among the Regional…and with those NICU that provide HRIF referrals to their agency. Is the Regional HRIF Program obligated to accept HRIF referrals from other NICUs in the catchment area with which the Regional HRIF Program has no contract to provide services?	In general it is our expectation and goal that all eligible children will be provided HRIF services. We expect that the Coordinator will establish efficiencies to improve the likelihood of that occurring. However, we are aware of the capacity issues facing these services. We have expanded the SCG 06 billable services to help accommodate this issue. We will be implementing a reporting requirement and using that to evaluate our ability to provide these services Statewide to eligible children.
70	In Exhibit A-SOW-Section 2-Education Services Program-Number 3(b). Develop and provide education…medical conditions, care and treatment, and expected outcomes of care. A) Would this education need to be individually or could it be given to a group of parents? b) Would it need to be live education? c) Or would video or computer interactive education fit the requirements? d) Could the education be sent to the home if the parents are not frequent visitors? e) Could the education be in written form at a 4th to 6th grade level and in the parents primary language? f) If the parent education were live, would it need to be once per day, once per week, twice a month?	We expect that each HRIF Program already has an established education program. Certainly, using various education modalities that are culturally and linguistically appropriate would be a component of any education program for a population as diverse as that in California. Your questions indicate that you have given this issue some thought. The education program will need to meet the needs and capabilities of the families you serve.
71	Will the HRIF coordinator receive some assistance from CCS regarding procedural issues, e.g. referrals to and from another county in the case of babies transferred to our NICU for care and back?	Yes

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	QUESTIONS	ANSWERS
	RFA Data and Evaluation Questions	
72	SOW Objective 2, performance measure: What are the "audit measures" for site visits? How frequently are site visits held?	We are in the process of developing the evaluation component of this program. As part of routine project management, a site visit tool will be developed and shared with each contractor, in advance of the site visit. Agencies may be site visited at least annually.
73	SOW Objective 2…responsible for ensuring data are collected and reported…". What are required data elements expected in the annual report, especially related to clinical outcomes? Is there an existing database or does the Center need to create it?	CMS Branch is in the process of expanding the data reporting services that CPQCC provides to NICUs. We are developing a core, minimum data set for HRIF programs to complete and submit electronically that will encompass the key measures for inclusion in the program evaluation. We have been working with representatives from the CMS/CCS NICU Technical Advisory Committee and CPQCC to identify appropriate variables to measure. We will have specific information about this in May 2006 and will discuss this at the HRIF Program meeting scheduled for June 6, 2006.

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	QUESTIONS	ANSWERS
74	In Exhibit A-SOW, Section 3 (second section marked as number 2) The HRIF Coordinator will be responsible for ensuring that data …to CMS Branch-Number 1. Provide required annual reports and summary…and branch offices. What information will be required to be in these annual reports and summaries?	• The CMS Branch is working in conjunction with the California Perinatal Quality Care Collaborative (CPQCC) to develop two report forms which will go on-line as web-based data entry forms. • The two proposed reporting forms are: o A Registration Client Identification Face Sheet. The information will be collected once. Information being considered for collection includes birth hospital, referring discharge hospital, gender, ethnicity, gestational age, birth weight, caregiver, caregiver education level, language at home. o A separate Health and Developmental Status Report will provide information obtained at the initial assessment, follow-up visits, and final assessment. Some of the information being considered for the report form includes if the child was seen or not (and why), insurance status, growth parameters at the time of visit, medical equipment or support needed by the child, information about vision and hearing status, presence of cerebral palsy, developmental testing, (i.e. test performed and status related to cognitive function, motor development, language development and interventions received by the child). • CPQCC will work with CMS in convening an advisory group to help modify/add to data sets, provide a manual, training and technical support. The support envisioned will be the same that the NICU receives for reporting their NICU morbidity and mortality data. • All HIPAA compliance issues will be met. • One can go the CPQCC web site, http://www.cpqcc.org/, go to the button labeled "Data Center", look at sample format or call the CPQCC data center to view both the sample data entry form and the available drop down menus for NICU data. A similar format will be developed for HRIF reporting elements. • Until the reporting forms are available on-line, the report elements under development will be requested in hard copy and submitted to the CMS Branch.
75	In Exhibit A-SOW-Section 3 (second section marked as number 2) The HRIF Coordinator will be responsible for ensuring that data ..to CMS Branch-Number 2. Coordinate the collection..of required data…including but not limited to….and/or follow/up. What else might be required other than what has been listed?	We are in the process of developing data requirements.

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	QUESTIONS	ANSWERS
76	In Exhibit A-SOW-Section3 (second section marked as number 2) The HRIF Coordinator will be responsible for ensuring that data…to CMS Branch-Number 3. Ensure required data…are submitted to the appropriate agencies and State CMS Branch. What other agencies would be involved?	CPQCC and local CCS programs.
77	In Exhibit A-SOW-Section 3 (second section marked as number 2) The HRIF Coordinator will be responsible for ensuring that data..to CMS Branch-Number 4. Provide data to local NICUs..referred to the HRIF for care and services. A) Are these referrals who meet the HRIF requirements or must we accept any referrals that they choose to send? b) Are these local NICUs with whom we have contracts to provide HRIF services or must we accept referrals from NICUs from whom we no not have contracts?	A) HRIF Program will make requests to the CCS Program for authorization of services. B) Only required to accept referrals from other NICUs with which you have entered into an agreement to provide HRIF services.
78	In Exhibit A-SOW-Section 3 (second section marked as number 2) The HRIF Coordinator will be responsible for ensuring that data…to CMS Branch-Number 5. In collaboration with the NICU Medical Director..participates in the CMS program evaluation process by providing required data and information. What data and information will be required?	See item 74 above.
79	In Exhibit A-SOW-Section 3 (second section marked as number 2) The HRIF Coordinator will be responsible for ensuring that data…to CMS Branch-Number 6. Participate with the CMS Branch in developing quality improvement..and required QI Reports. A) How will this be done? teleconference? On site meetings? b) If on site meeting, where will they be held? How many days will they last? How many meetings annually? c) When the quality improvement issues are decided, will the Individual NICUs prioritize their issues, or will we need to address each issues as if it has equal importance? d) If the individual NICUs are not the deciding body, who will be the deciding body?	The initial roll out of this program will be to establish a base line for data and standardized reporting Statewide. As a group, we will develop CQI measures that can be embedded in the agencies current CQI program. It is anticipated that there will be routine monthly conference calls that will include program issues including CQI. There will be two or three statewide CQI measures required by CMS Branch (to be determined) that should have usefulness to the local HRIF Program and will be part of the Coordinator's responsibility to manage.

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	QUESTIONS	ANSWERS
80	Recognizing that many of the following items (through Q #59) already appear in some form in NL 06-0403, it is still felt that clarification of the following terms/roles would be helpful: Item Scope of Work 2.1.a-Clarification is needed regarding the role of coordination of client's HRIF services related to "other HRIF Programs located in Community and Intermediate NICUs". Is this in reference only to clients referred by the Community or Intermediate NICU and actively being followed in the Regional HRIF Program?	The key to this SOW deliverable are the words " serves as the primary person to coordinate neonatal HRIF services among"……. At a minimum, the Coordinator should facilitate services provided within the Regional Cooperation Agreement. However, to the degree that resources permit, the Coordinator may need to help families from outside the catchment area or who are moving to be referred to other NICUs or HRIF Programs.
81	Item Scope of Work 2.3.a - What constitutes "education and outreach" to Community and Intermediate NICUs? Will they need to be formal presentations or is phone contact and information sharing around referrals adequate to meet this task?	The HRIF Coordinator will need to have a formal outreach program that can include in-services to other NICUs, grand rounds about outcomes, or other efforts to support the effectiveness of the HRIF in meeting the communities HRIF needs. (Outcomes & Morbidity)
82	Item Scope of Work 2.3.b and c - How does "parent education on the medical condition f the child differ" from what is provided by the NICU at the time of the infant's discharge and is this not duplication of services? If these education functions/tasks arise from the MCH/Vulnerable Infant Programs activities, can we count on the materials developed by those programs to be made available to us.	No.
83	Will there be a standard data collection format that necessitates budgeting for the purchase of specialized computer programs?	YES, there will be a standard data collection format. But this contract does not include budget for the computer program. It will be dealt with later. The agency may budget for computer equipment purchase.
84	Exhibit A, last two pages. Will each CCS Regional NICU create their own database for collection of data or will CCS create one database module that all Regional NICUs will conform to (e.g. EPSDT has data collection criteria but the database was uniformly created and all EPSDT contractors submit data using the assigned database)?	See item 74 above.
85	LATE: 3/3/06 @ 10:32 What are the data collection requirements and how does it interface with CPQCC?	CMS Branch is in the process of expanding the data reporting services that CPQCC provides to NICUs. We are developing a core, minimum data set for HRIF programs to complete and submit electronically that will encompass the key program measures.